

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.	FILED DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/				/	
2		/				/
3		/				/
4		/				/
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6						/
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46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	91					
TOTAL CLAIMS	26					

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			